



WEST VIRGINIA DIVISION OF BANKING

ONE PLAYERS CLUB DRIVE, SUITE 300
CHARLESTON, WEST VIRGINIA 25311-1638

TELEPHONE: (304) 558-2294

FAX: (304) 558-0442

WEBSITE: www.wvDOB.org

Application For License To Engage In Money Transmission Activity

General Information

Companies engaged in money transmission activity in the State of West Virginia must apply for a license from the West Virginia Division of Banking (WVDOB). As used in this application form, the term “money transmission” covers the following activities as set forth in the WV Code, Chapter 32A, Articles 2 and 3:

- Currency exchange;
- Currency transportation;
- Currency transmission; and
- Check cashing and money order sales.

Companies not in compliance with licensing requirements should cease West Virginia Money Transmission activity until the proper license has been obtained from the WVDOB. Penalties shall be applied to all transactions prior to the issuance of a West Virginia license.

Applications are available online at the WVDOB’s website at: www.wvDOB.org or by request in writing.

Applications submitted incomplete or with outdated financial information will not be accepted for processing and will be returned to the Applicant. Fees will be forfeited. Attachments must be included and should be clearly identified. **Applications should not be bound or hole-punched.**

Questions regarding money transmission regulation and statutory interpretation must be addressed in writing to the address provided above. You may find a copy of the statute at the West Virginia Legislature’s website at www.legis.state.wv.us.

Financial Statements Required

Audited financial statements are required annually. Applicants for licensure must demonstrate compliance with statutory minimum net worth levels when application is submitted. Statutory net worth must be maintained at all times while licensed. The failure to maintain net worth in the prescribed minimums will result in penalties and revocation of the license issued.

Fingerprint and Release Forms: Available upon request.

A **PRINCIPAL** is the Applicant's chief executive officer, regardless of title, managing partner if a partnership, trustee, or other person controlling the conduct of the affairs of the Applicant. Persons who hold executive positions of chief financial officer, chief operations officer or other executive positions in control of the conduct of the affairs of the Applicant are considered principals. A person directly or indirectly in control of 10% or more of the voting stock of a corporate Applicant is also considered to be a principal.

Each principal identified must submit the appropriate fingerprint forms and Authority to Obtain Information From Outside Sources. Fingerprint forms must be obtained from the WV Division of Banking and must be completed front and back, with Attachment A to be completed for each principal.

Fingerprints are not required if Applicant is a company traded on a SEC Registered Exchange, or if Applicant is a subsidiary of a company traded on such an exchange. Fingerprints are also not required if Applicant is supervised by a federal bank, bank holding company, or credit union regulator or is a subsidiary of a company subject to such supervision.

Business Registration Documentation in West Virginia

All companies registering to conduct business in West Virginia must complete initial required filings before submitting an application to the West Virginia Division of Banking. Such registration may be completed online at www.business4wv.com or by contacting the following West Virginia State agencies directly:

Secretary of State
(304) 558-8000
www.wvsos.com

Department of Tax & Revenue
(304) 558-3333
www.state.wv.us/taxdiv

Website links for both agencies are also available from the State of West Virginia's home page at www.wv.gov

Surety Bond

The statute requires each licensed entity to submit a surety bond in the specified amount and that the bond be continuously maintained while the entity remains licensed. Bonds must be submitted on the provided surety bond form.

The bond shall be in the minimum amount of \$100,000 for a licensee which issues or sells checks or money orders, or which engages in currency exchange; or a minimum \$300,000 for a licensee which engages in receiving money for transmission by wire, facsimile or electronic transfer, or which engages in currency transportation. A licensee which engages in multiple types of these activities shall post the higher amount. A merchant obtaining a license to engage in the check cashing business shall post a minimum bond of \$100,000.

The amount of the surety bond will be increased by twenty-five thousand dollars per licensee location or authorized delegate in the state, but in no event to exceed one million dollars.

Deposit Bond

Instead of a surety bond and upon the approval by the Commissioner of Banking, a licensee may deposit currency or securities with a federally-insured depository institution in West Virginia which has been approved by the commissioner. The amount of the deposit shall be an amount equal to or exceeding the amount required for the surety bond described above. When securities are deposited as aforesaid, the value of the securities shall at all times be equal to the amount of bond otherwise required, computed on the basis of the principal amount or the market value thereof, whichever is lower.

Deposit Bond forms are available upon request to the WV Division of Banking.

UNIFORM APPLICATION

FOR LICENSURE AS A WEST VIRGINIA MONEY TRANSMITTER UNDER WV CODE CHAPTER 32A, ARTICLE 2

1.	Full legal name of applicant <i>(attach secretary of state certificate from the state in which you are applying)</i> : _____		
2.	Trade name, dba, or assumed name of applicant, if applicable: <i>(attach copy of trade name registration provided by the WV Secretary of State)</i> _____	Fed. Tax I.D.#: _____	
3.	Principal office street address: _____		
	City: _____	State: _____	Zip Code: _____
4.	Mailing address (street or post office box): _____		
	City: _____	State: _____	Zip Code: _____
5.	Business phone number: _____ E-mail address: _____	Business fax number: _____ Web site: _____	
6.	Type Of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)
7.	State/Commonwealth of Incorporation: _____	Date of Incorporation/Organization: _____	
8.	Each entity must complete <i>either</i> 8A or 8B and provide the appropriate documentation.		
A	If a foreign corporation or other type of legal entity, provide a copy of the Certificate of Authority provided by the West Virginia Secretary of State: If the certificate is more than one year old, please obtain and provide a certificate bearing a current date and issued by the West Virginia Secretary of State. Exhibit _____		
B	If the foreign corporation elects not to file with the West Virginia Secretary of State, the Irrevocable Consent to Service form must be executed and attached to this application in original form. Exhibit _____		
9.	Physical address of location at which the official books and records of the applicant are kept: _____		
	City: _____	State: _____	Zip Code: _____ Phone No: _____
10.	Does applicant engage in money transmission activity through electronic or automated mediums, such as the internet? <input type="checkbox"/> If yes, attach description of activity and web site address as Exhibit _____ <input type="checkbox"/> No		
11.	Person authorized to answer questions pertaining to this application. (Licensing contact).		
	Name and Title: _____		
	Mailing Address: _____		
	City: _____	State: _____	Zip: _____ Phone No. : _____
	E-Mail Address: _____		Fax No: _____
12.	Person authorized to answer regulatory compliance issues. (Compliance contact)		
	Name and Title: _____		
	Address: _____		
	City: _____	State: _____	Zip Code: _____ Phone No: _____
	E-Mail Address: _____		Fax No: _____
13.	Person authorized to answer consumer complaints: (Consumer Complaint contact)		
	Name and Title: _____		
	Address: _____		
	City: _____	State: _____	Zip Code: _____ Phone No: _____
	E-Mail Address: _____		Fax No: _____
14.	Person authorized to coordinate examinations: (Examination contact)		

	Name and Title: <input type="text"/>				
	Address: <input type="text"/>				
	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Phone No: <input type="text"/>	
	E-Mail Address: <input type="text"/>		Fax No: <input type="text"/>		
15.	Internal Auditor				
	Name and Title: <input type="text"/>				
	Address: <input type="text"/>				
	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Phone No: <input type="text"/>	
	E-Mail Address: <input type="text"/>		Fax No: <input type="text"/>		
16.	List all states in which applicant (or an affiliate) currently conducts money transmission activity: (Attach list if necessary. If the activity is conducted by an affiliate, please identify the affiliate and the relationship to the Applicant.)				
	State or states in which business is/was conducted	Type of business conducted	Names under which applicant is or has operated	Original license date	Active or Inactive
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	For each state in which the applicant currently conducts money transmission activities,, provide the number of Currency Transaction Reports (CTR) and Suspicious Activity Reports (SAR) filed for the most recently completed calendar year:			Exhibit <input type="text"/>	
18.	List all principal officers and title held, directors, partners, and members. (attach addendum if necessary). See instructions for additional information regarding principals. Each principal must execute Attachment A to be submitted with this application.				
Name & Title <input type="text"/>		Principal Office Address <input type="text"/>		% Ownership <input type="text"/>	
List all persons that have either direct or indirect ownership of 10% or more (not listed above).					
Name <input type="text"/>		Principal Office Address <input type="text"/>		% Ownership <input type="text"/>	
19.	Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, and judgment amounts.				
A.	Are there any civil or criminal proceedings pending against the applicant or any principal officer or owner relating to civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?			<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?			<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
C.	Has any other state or federal government agency denied, revoked or suspended the applicant's license?			<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
D.	Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license or permit?			<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
E.	Within the last ten years, has any principal of the applicant been convicted of or entered a plea of nolo contendere to a felony charge involving theft, fraud, dishonest dealings or moral turpitude?			<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
F.	Does the applicant owe delinquent taxes, fines, or fees to any local or state taxing authority or governmental agency, department, or other political subdivision of this state?			<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	

20.	Is applicant a subsidiary?	<input type="checkbox"/> Yes Attach Org. Chart – Exhibit <input type="checkbox"/>	<input type="checkbox"/> No
	Parent company name: <input type="text"/>		
	Mailing address: <input type="text"/>		
	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
	If applicant's parent company is a corporation, state where and when incorporated.		
	State Incorporated: <input type="text"/>	Date Incorporated: <input type="text"/>	
20.	Is the applicant publicly traded on an SEC registered exchange in the United States?	<input type="checkbox"/> Yes – List Symbol and Exchange <input type="text"/>	<input type="checkbox"/> No
21.	Is the applicant's parent company or ultimate parent company publicly traded on an SEC registered exchange in the United States?	<input type="checkbox"/> Yes – List Symbol and Exchange <input type="text"/>	<input type="checkbox"/> No
22.	Is the applicant supervised by a federal banking regulator such as the FDIC, Federal Reserve, OCC or OTS?	<input type="checkbox"/> Yes – List Symbol and Exchange <input type="text"/>	<input type="checkbox"/> No
23.	Is the applicant's parent company or ultimate parent company supervised by a federal banking regulator such as the FDIC, Federal Reserve, OCC or OTS?	<input type="checkbox"/> Yes – List Symbol and Exchange <input type="text"/>	<input type="checkbox"/> No
24.	If all responses to questions 20 through 23 are "No," each principal officer or owner provided in question 16 must properly execute and submit the Authority to Obtain Information from Outside Sources release form (Attachment A) and a set of fingerprint cards on forms obtained from the West Virginia Division of Banking.	Number of Individuals submitting release forms and fingerprint cards: <input type="text"/>	
25.	Provide a summary of any class action lawsuits or material litigation concerning the Applicant's conduct or its affiliates' conduct of money transmission currently pending or brought within the last three years. If "NONE", please provide a notarized statement from a principal officer certifying that there are no issues to disclose.	Exhibit <input type="text"/>	
IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:			
26.	Principal Information Form completed and notarized for everyone listed in #18.(See form - Attachment B) Exhibit <input type="text"/>		
A.			
B.	Provide copies of the following, as applicable Exhibit <input type="text"/> :		
	1. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments, or 2. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement, or 3. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership agreement.		
C.	Copy of the West Virginia Business Registration form for the current period. Exhibit <input type="text"/>		
D.	Attach original surety bond in an amount sufficient to cover the proposed activity. Alternatively, a deposit bond may be provided in an equal amount. <i>Form must be requested from the Division of Banking separately.</i> Exhibit <input type="text"/>		
For office use only: (\$100,000/\$300,000) +(<input type="text"/> delegates X \$25,000) = <input type="text"/> Min. (\$1 Million max.) surety bond			
BUSINESS PLAN AND PROPOSED WV ACTIVITY			
27.	Mark all products and/or services that will be offered to West Virginia residents:	<input type="checkbox"/> Electronic Money Transmission <input type="checkbox"/> Sale of Checks (money orders, travelers checks, etc.) <input type="checkbox"/> Stored Value Cards/Products <input type="checkbox"/> Gift Card Products <input type="checkbox"/> Bill Pay <input type="checkbox"/> Currency Exchange <input type="checkbox"/> Check Cashing <input type="checkbox"/> Currency Transportation <input type="checkbox"/> Other – Please describe: <input type="text"/>	

28.	Service to be provided through: <input type="checkbox"/> Authorized Delegates <input type="checkbox"/> Company Owned Outlets <input type="checkbox"/> Subsidiaries or Affiliates <input type="checkbox"/> Other (explain) 																					
29.	Provide a list of locations in West Virginia where regulated transactions will be conducted directly by the Applicant.																					
	Merchant/Delegate Name	Street Address	City	State and Zip Code																		
	 	 	 	 																		
30.	Attach evidence of current registration with the Internal Revenue Service as a Money Service Business (MSB). If the company is not currently registered as an MSB, provide a notarized statement from an executive officer outlining the plan and time frame for completing the registration with the IRS. Note: The physical license from the Division of Banking will not be issued until such time the registration has been completed. Exhibit 																					
31.	Provide a general description of the Applicant's current business plan and history with regard to the money transmission, transportation or exchange business. Exhibit 																					
32.	If the Applicant has previously conducted the business of currency exchange, transmission or transportation within West Virginia, please provide: Please limit all information to West Virginia transactions within the past 12 months.	Number of transactions conducted in WV. 	The aggregate sum of all transactions in WV. \$ 	The total sum of all outstanding transactions in WV. \$ 																		
33.	For each clearing and depository financial institution utilized in the clearing of transactions, provide the following information:																					
	Name 	Address: 	Contact Name 																			
34.	Provide a description of the Applicant's internal audit program as it relates to money transmission activities.		Exhibit 																			
35.	Audited Financial Statements – Provide a copy of audited financial statements bearing a date as of the most recent year-end. Financial statements should include, at a minimum, both the balance sheet and income statement in addition to both the opinion and management letters from the accounting firm.		Exhibit: Year-end Date: 																			
36.	Provide a copy of a month-end financial statement bearing a date within 90 days of the date of filing the application to engage in money transmission.		Exhibit: Month-end Date: 																			
For office use only: \$50,000 +(delegates X \$25,000) = Minimum net worth or Max. of \$1 Million																						
<u>Licensing Fee Calculation:</u> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Money Transmitter License @ \$1000 (For Main Office)</td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 35%; text-align: right;">\$ <u>1000</u></td> </tr> <tr> <td>Authorized Delegate Locations in West Virginia</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">\$20 for each location) @ locations</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ </td> </tr> <tr> <td>Fingerprint Forms (if applicable) sets @ \$60.00 each</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ </td> </tr> <tr> <td style="text-align: right;">Total Fee Payable To The</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">West Virginia Division of Banking</td> <td></td> <td style="text-align: right;">\$ </td> </tr> </table>					Money Transmitter License @ \$1000 (For Main Office)	=	\$ <u>1000</u>	Authorized Delegate Locations in West Virginia			\$20 for each location) @ locations	=	\$ 	Fingerprint Forms (if applicable) sets @ \$60.00 each	=	\$ 	Total Fee Payable To The			West Virginia Division of Banking		\$
Money Transmitter License @ \$1000 (For Main Office)	=	\$ <u>1000</u>																				
Authorized Delegate Locations in West Virginia																						
\$20 for each location) @ locations	=	\$ 																				
Fingerprint Forms (if applicable) sets @ \$60.00 each	=	\$ 																				
Total Fee Payable To The																						
West Virginia Division of Banking		\$ 																				

CERTIFICATION

The undersigned hereby certifies and agrees:

- To comply with the currency reporting and record-keeping requirements of 31 U.S.C. §5313, 31 C.F.R. Part 103, and other relevant state and federal law. Furthermore, the undersigned represents and warrants that the Applicant has not within the last three years, recklessly failed to file or evaded the obligation to file a currency transaction report as required by 31 U.S.C. §5313, nor has the Applicant recklessly accepted currency for exchange, transmission or transportation in which a portion of the currency was derived from an illegal transaction or activity;
- To comply with the statutory requirements found in the West Virginia Code, including but not limited to Chapter 32A, Article 2; and
- To promptly notify the West Virginia Division of Banking of any change in operation, appointment of principal officers or ownership. The undersigned further confirms and understands that the license may not be transferred or assigned to any party.

Signed this the _____ day of _____, _____.

Name of Company

By:

Signature of Authorized Person

Print Name and Title

Phone

STATE OF _____ SS:

COUNTY OF _____

Taken, subscribed and sworn to before the undersigned authority in _____ County,
State of _____, by _____, this _____ day of
_____, 20 ____.

My commission expires on _____

Notary Public

(SEAL)

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

Note: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. The purpose of this request is to conduct a criminal background check and check your credit history. We have authority to solicit your social security number pursuant to W.Va. Code §31A-2-4(b)(4) and §32A-2-9.

Name:	Social Security #:
-------	--------------------

Home Address, City, State, Zip Code:

Date of Birth:	Home Telephone No:
----------------	--------------------

Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.

Have any civil judgments been entered against you during the past 10 years?	() Yes, attach explanation () No
---	------------------------------------

Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	() Yes, attach explanation () No
---	------------------------------------

Have you been convicted of or entered a plea of Nolo Contendere to a felony?	() Yes, attach explanation () No
--	------------------------------------

Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	() Yes, attach explanation () No
--	------------------------------------

Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
---	------------------------------------

Have you been subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business, fines or penalties?	() Yes, attach explanation () No
--	------------------------------------

Have you been discharged for cause or been requested to resign from any employment position?	() Yes, attach explanation () No
--	------------------------------------

I hereby authorize the West Virginia Division of Banking to make inquiries from any financial institution, educational facility, federal or state agency, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20_____.

AT: _____, _____
(CITY) (STATE or COMMONWEALTH)

PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:
------------------------------	-----------------------------

EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: _____

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. *(Attach additional sheets, if necessary)*

NAME: _____

Residential Address	Start Date	End Date

IRREVOCABLE CONSENT TO SERVICE FORM

I hereby affirm and duly acknowledge on behalf of _____ (Applicant) that said Applicant gives its irrevocable consent for suits and actions to be commenced against it in the courts of West Virginia in actions arising from or concerning its licensed activities of currency exchange, transmission, or transportation by service of process upon the person designated as its registered agent in PART C of this application, or upon service on the West Virginia Secretary of State, or by service as otherwise set forth by W. Va. Code § 32A-2-1 et seq.

Signature: _____

Printed Name: _____

Title: _____

STATE OF _____ SS:
COUNTY OF _____

Taken, subscribed and sworn to before the undersigned authority in _____ County,
State of _____, by _____, this _____ day of
_____, 20 ____.

My commission expires on _____.

Notary Public

(SEAL)

CURRENCY EXCHANGE, TRANSMISSION & TRANSPORTATION BOND

KNOW ALL MEN BY THESE PRESENT:

That we, _____, as principal, and _____, a corporation, as surety, are held and firmly bound unto THE STATE OF WEST VIRGINIA, in the just and full sum of _____ Dollars (\$_____), to the payment whereof, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, WHEREAS, the above bound principal, in pursuance of the provisions of Article 2, Chapter 32A, of the Code of West Virginia, as amended, (hereinafter the "Act") has obtained, or is about to obtain, from the Commissioner of Banking of the State of West Virginia, a license to conduct a Currency Exchange, Transmission or Transportation business.

NOW, THEREFORE, if the said principal _____ shall conform to and abide by the provisions of said Act and of all rules and orders lawfully made or issued by the Commissioner of Banking thereunder, and shall pay to the State and shall pay to any such person or persons properly designated by the State any and all moneys that may become due or owing to the State or to such person or persons from said obligor in a suit brought by the Commissioner on their behalf under and by virtue of the provisions of said Act, then this obligation shall be void, otherwise it shall remain in full force and effect. If any person shall be aggrieved by the misconduct of the principal, he may upon recovering judgment against such principal issue execution under such judgment and maintain an action upon the bond of the principal in any court having jurisdiction of the amount claimed, provided the Commissioner of Banking assents thereto. Upon the payment of any such claim, the Surety shall within ten days of said payment give notice of the payment to the Commissioner of Banking by certified or registered mail, with details sufficient to identify the claimant and the judgment so paid. This bond shall continue in full force and effect indefinitely, subject, however, to cancellation. If the Surety herein shall so elect, this bond may be canceled at any time by the said Surety by filing with the Commissioner of Banking of the State of West Virginia a thirty (30) days written notice of such cancellation, but said Surety so filing said notice shall not be discharged from any liability already issued or accrued under this bond or which shall issue or accrue herein before the expiration of said thirty (30) day period. Said Surety shall remain liable for all travelers checks, money orders, or other instruments for the transmission or payment of money issued, as well as for all payments resulting from violations occurring or fees due, during the term of this bond and prior to the date of cancellation.

IN WITNESS WHEREOF the said principal has hereunto set his hand and affixed his seal in his own proper person, and the said surety has caused its corporate name to be hereunto signed and its corporate seal to be hereunto affixed by its officer or agent thereunto duly authorized, all of which is done as of the _____ day of _____, 20 ____.

_____(SEAL OF PRINCIPAL)

By: _____

Title: _____

[CORPORATE SEAL OF SURETY]

_____(SEAL)

By: _____

STATE OF _____,

To-wit:

COUNTY OF _____

I, _____, a Notary Public in and for the county and state aforesaid, do certify that _____, whose name is signed to the foregoing writing as surety, bearing date the _____ day of _____, 20 ____, has this day acknowledged the same before me in the county and state aforesaid.

Given under my hand this _____ day of _____, 20 ____.

My commission expires _____.

(SEAL)

Notary Public